

Patient information factsheet

Eating after bowel surgery

After bowel surgery, it may take a while to return to your normal diet. To begin with, you may experience loose and/or more frequent bowel movements. It is also common to have a reduced appetite.

This factsheet is about simple changes to your diet that can help with these issues. If you have a colostomy or ileostomy, there is separate written information available.

Lower fibre diet

For the first four to six weeks after bowel surgery, we recommend that you follow a lower fibre diet (also known as a lower residue diet). These foods are easier to digest while your bowel is healing.

After this period, you should gradually reintroduce higher fibre foods one small item at a time. It is not advisable to follow a lower fibre diet in the long term, unless specifically suggested by your doctor or dietitian. The table below shows what a lower fibre diet includes.

	Lower fibre foods (recommended)	Higher fibre foods (to avoid)
Bread, pasta, rice and potatoes	White versions of these products, such as white bread, pasta, rice, tortilla wraps, couscous, crisps and potatoes without skins	Brown versions of these products, such as wholegrain, seeded or granary bread, whole wheat pasta, brown or wild rice, and potato skins
Breakfast cereals	Rice Krispies, cornflakes, Special K, Coco Pops, frosted flakes and porridge	Weetabix, Shredded Wheat, bran flakes, Crunchy Nut, fruit and fibre, granola and muesli
Snacks	Any biscuits, cakes, crackers or sweets that do not contain dried fruit, nuts or seeds	Biscuits, cake, crackers or sweets containing dried fruit, nuts or seeds
Fruit and vegetables	Well-cooked vegetables without skins, such as broccoli, cauliflower, peeled root vegetables, courgettes, aubergines or squash Fruits without skins, such as bananas, melons, peeled apples or pears, tinned or pureed fruit Soft salad products, such as avocado, peeled cucumber, round lettuce, baby spinach, and skinned and deseeded tomatoes	Raw vegetables Fruit and vegetables for which the skins cannot be removed (such as peas, sweetcorn and oranges) Fruit and vegetables that are stringy, such as celery, green beans and rhubarb Fruits containing large seeds, such as pomegranate or passion fruit Dried fruit

Patient information factsheet

Protein sources	Meat, fish, eggs, tofu, Quorn, nut butters and hummus	Nuts, seeds, beans, lentils and chick-peas
	All dairy and dairy alternative products	

If you have diarrhoea

- Follow a lower fibre diet and limit fruit and vegetables to one portion at a time. A portion is a small handful.
- Try to stick to regular meal times.
- Limit caffeine, fizzy drinks and alcohol. You could try decaffeinated alternatives.
- Limit fruit juice and smoothies to a small 150ml glass per day.
- Limit high fat foods such as takeaways or fried foods.
- Limit spicy foods.
- Limit artificial sweeteners.

If you have a reduced appetite

Fortify your food with extra oil, butter, cream and cheese so that every mouthful provides more nutrition. For example:

- add double cream to soups and stews
- fry or roast food with extra oil
- add grated cheese to mashed potato and pasta dishes
- put butter on boiled vegetables or roast them in oil
- add sugar to your hot drinks and breakfast cereals

Have small, regular and high energy snacks. Nutritious snacks could be:

- cheese and biscuits
- full fat yogurt
- toast or bread with thick layer of full fat spread
- cake, biscuits or puddings
- full fat milkshakes or hot drinks
- shop-bought, meat-based snacks, such as sausage rolls, chicken drumsticks or scotch eggs

- Try ready-made meals if you do not feel like preparing food.
- Try to eat more at times when your appetite is better.
- Avoid 'diet', 'light' or 'low fat' foods and drinks.
- Avoid drinking before you have a meal (this can make you feel full).
- Try getting some fresh air and gentle exercise such as walking to help stimulate your appetite.

If you continue to have difficulties with your appetite, weight or bowels, please speak to your GP or your surgical team.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.